

## Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>Comfort Touch Adult Family Home</b>	LICENSE NUMBER <b>752598</b>
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**NOTE:** The term “the home” refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through “reasonable accommodations.” The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see [Chapter 388-76](#) of Washington Administrative Code.

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### About the Home

#### 1. PROVIDERS STATEMENT (OPTIONAL)

The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home.

**Comfort Touch Adult Family home is committed to being premier provider for long term health care in a home like enviroment. Clients are our highest priority and we believe in the preservation of dignity, self respect, and Clients rights in a loving and caring environment. We also believe in the Client-centered approach to care in which the total need of the client are met. The clients families are encouraged to become closely involved with the home in meeting the clients needs.**

#### 2. INITIAL LICENSING DATE

**03/19/2014**

#### 3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

**none**

#### 4. SAME ADDRESS PREVIOUSLY LICENSED AS:

**none**

#### 5. OWNERSHIP

- ☒ Sole proprietor  
☐ Limited Liability Corporation  
☐ Co-owned by:  
☐ Other:

## Personal Care

“Personal care services” means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident’s needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)

### 1. EATING

If needed, the home may provide assistance with eating as follows:

**1:1 feeding, cueing according to specific diet needs as needed.**

### 2. TOILETING

If needed, the home may provide assistance with toileting as follows:

**Toileting assistance, peri care and brief changes for dignity**

### 3. WALKING

If needed, the home may provide assistance with walking as follows:

**Walking assistance with walkers and Care givers stand by assist.**

### 4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:

**1 to 2 persons assist with transfers with Gait belt, Hoyer lift assist and also stand up lift assist.**

### 5. POSITIONING

If needed, the home may provide assistance with positioning as follows:

**Staff will reposition the clients every 2 hours and as needed to ensure no skin issues.**

### 6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:

**Staff will assist with all Activities of Daily living, hygiene and briefs will be in place for dignity as needed.**

### 7. DRESSING

If needed, the home may provide assistance with dressing as follows:

**Staff will assist with dressing according to clients preferences as needed.**

### 8. BATHING

If needed, the home may provide assistance with bathing as follows:

**Staff will assist Clients with showers at least twice a week or as needed according to needs.**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Staff will assist with some personal care but responsible parties will be responsible for some extras e.g Hair dresser services**

## Medication Services

If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)

The type and amount of medication assistance provided by the home is:

**Total assist with all medications by mouth, eye drops, Tube feedings, injections, topical medications, IV-medications, and wound dressings.**

### ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Provider is a certified IV Nurse with experience in both starting and implementing IV medications.**

Skilled Nursing Services and Nurse Delegation
If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)
<p>The home provides the following skilled nursing services:</p> <p><b>All skilled nursing services since the provider is a Licensed LPN in WA state and the care givers get delegated according to each clients medication needs</b></p>
<p>The home has the ability to provide the following skilled nursing services by delegation:</p> <p><b>Medication administartion and Wound care</b></p>
<p>ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION</p> <p><b>We provide Restorative services according to PT/OT recommendations to ensure that all clients maintain their functional capabilities</b></p>
Specialty Care Designations
<p>We have completed DSHS approved training for the following specialty care designations:</p> <p><input type="checkbox"/> Developmental disabilities</p> <p><input checked="" type="checkbox"/> Mental illness</p> <p><input checked="" type="checkbox"/> Dementia</p>
ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS
Staffing
<p>The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)</p> <p><input checked="" type="checkbox"/> The provider lives in the home.</p> <p><input type="checkbox"/> A resident manager lives in the home and is responsible for the care and services of each resident at all times.</p> <p><input type="checkbox"/> The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.</p> <p>The normal staffing levels for the home are:</p> <p><input type="checkbox"/> Registered nurse, days and times: _____</p> <p><input checked="" type="checkbox"/> Licensed practical nurse, days and times: <u>Available by call daytimes and at the facility Every Night time.</u></p> <p><input checked="" type="checkbox"/> Certified nursing assistant or long term care workers, days and times: <u>24 hours</u></p> <p><input checked="" type="checkbox"/> Awake staff at night</p> <p><input type="checkbox"/> Other: _____</p>
ADDITIONAL COMMENTS REGARDING STAFFING
Cultural or Language Access
<p>The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)</p>
<p>The home is particularly focused on residents with the following background and/or languages:</p> <p><b>Facility will cater for most ethnic and cultural backgrounds according to prior admission agreement.</b></p>

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**Medicaid**

The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)

- ☐ The home is a private pay facility and does not accept Medicaid payments.
- ☒ The home will accept Medicaid payments under the following conditions:

**No pets allowed.**

ADDITIONAL COMMENTS REGARDING MEDICAID

**All Payments are based on the clients assessments and will be decided by the provider.**

**Activities**

The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).

The home provides the following:

**Movies, reading, exercises, cards, Yatze, Puzzles and Computer activities.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**Families are also welcome during any occasions to celebrate with the clients including birthdays.**

Please Return the completed form electronically to [AFHDisclosures@DSHS.WA.GOV](mailto:AFHDisclosures@DSHS.WA.GOV)

The form may also be returned by mail at:  
RCS – Attn: Disclosure of Services  
PO Box 45600  
Olympia, WA 98504-5600